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C O N F I D E N T I A L SECTION 01 OF 02 BEIJING 001596

SIPDIS

HHS FOR OGHA  
CDC ATLANTA FOR CCID, PASS TO FLU COX AND MOUNTS,  
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E.O. 12958: DECL: 06/14/2019  
TAGS: [KFLU](#) [KFLO](#) [KSAF](#) [KPAO](#) [AEMR](#) [ASEC](#) [CASC](#) [TBIO](#) [PREL](#)  
PINR, AMGT, MG, EAGR, HHS, CH  
SUBJECT: CHINESE HEALTH OFFICIAL: H1N1 QUARANTINES WILL  
CONTINUE THRU JULY, AND FOR "GOOD" REASON

REF: A) BEIJING 1548 B) BEIJING 1466 C) BEIJING 1396  
D) BEIJING 1377

Classified By: ESTH Counselor Brent Christensen for  
reasons 1.4 (b) and (d).

SUMMARY

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**¶1.** (C) BEGIN SUMMARY: During a June 12 meeting Beijing Health and Human Services (HHS) Attaché had with Director General REN Minghui (please protect), head of the Ministry of Health's (MOH) Department of International Cooperation, to discuss other areas of the bilateral health relationship, Ren stated that the current quarantine measures will continue at least into July 2009. Ren also noted that: 1) the Chinese government is currently conducting a detailed cost effectiveness study on quarantine practices; 2) health authorities hope through these measures to slow the widespread transmission of the virus to buy more time for improving the response infrastructure; and 3) the government to some extent is motivated by fears of a public backlash if they were perceived to be not & doing enough8 to protect the population. Finally, he confirmed that Minister of Health CHEN Zhu will travel to Canada and Mexico in upcoming weeks.  
END SUMMARY.

BACKGROUND

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**¶2.** (SBU) BACKGROUND: Since the identification of the Novel Influenza A (H1N1) virus in North America, 28,734 infections by the Novel Influenza A (H1N1) virus worldwide have been confirmed and China has approximately 200 cases confirmed in 15 provinces and three municipalities (as of June 15, 2009). To date, the confirmed cases in China are reported to be recovering or have recovered without severe complications. This virus has been spreading efficiently for some time, and U.S. experts expect that, as with seasonal influenza, more cases, more hospitalizations, and more deaths will result from this virus worldwide. Current Chinese quarantine measures appear excessive when compared to recent

risk assessments carried out by U.S. public health officials, and Post has received an increasing number of inquiries and complaints from or about quarantined American citizens who are contemplating travel to China or have faced quarantine measures imposed by local health officials and/or hosts. END BACKGROUND.

RATIONALE BEHIND QUARANTINE MEASURES

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¶3. (C) In a meeting with Beijing HHS Attaché on June 12, MOH's Director General for International Cooperation REN Minghui (please protect) acknowledged that there is ongoing debate within Chinese public health circles regarding the appropriateness of existing quarantine measures. MOH also is in the process of conducting a cost-effectiveness study on quarantine, diagnosis, and treatment measures for the current confirmed cases of H1N1 in China, the results of which will be released later this summer. Ren stated that the current Chinese policies will continue at least until the end of the Chinese school year in early- to mid-July 2009 for three main reasons. First, the current quarantine measures can buy the Chinese government time to train additional healthcare providers on effective response so that hospitals and communities are not overtaxed, also allowing more time to regroup and prepare diagnosis and treatment capacity for the virus' inevitable spread in the fall. Second, given that most strains of highly-pathogenic avian influenza A/H5N1 originate from Asia, avoiding or controlling community spread of H1N1 in China will decrease the risk of viral reassortment

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in an individual that might be infected with both viruses. Third, Chinese public opinion appears to favor the government's current quarantine measures. Ren noted that the people & think the government is doing a great job controlling and preventing community infection by H1N1. If existing quarantine measures were to be removed, this could result in the Chinese public perceiving that the government is not doing enough.

¶4. (SBU) Finally, Ren confirmed that Health Minister Chen Zhu would participate in several upcoming international meetings. Minister Chen will lead a Ministry of Health delegation on a trip to Canada this week to participate in Canada-China bilateral meetings. He also will participate in UN Economic and Social Committee (ECOSOC) meetings scheduled to be held in New York in late-June before traveling onward to Cancun, Mexico for bilats with Mexican counterparts on July 2-3, during which respective official response measures to H1N1 likely will be a primary focus.

¶5. (SBU) Post will continue to work, primarily through the U.S. CDC presence in China, with China CDC on ensuring that accurate information on the A/H1N1 influenza virus and its risks are shared with relevant officials. Post also will continue to monitor developments in China with respect to existing quarantine policies, the cost-effectiveness study, as well as overall infection statistics and trends.

COMMENT

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¶6. (C) COMMENT: Although the reasons cited by this official for China's disproportionate response to the H1N1 pandemic may make a certain sense, of these reasons, the third is probably the most important. Because of the criticism China received in making to take action during the SARS epidemic of 2003, plus the xenophobic fear of a &foreign8 illness among the public, China's health authorities are unlikely to back down on excessive quarantine procedures until they have enough political cover to do so.

END COMMENT

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